

APPLICATION FOR EMPLOYMENT

Piedmont Health Care Center
Dugger Mountain Assisted Living & Specialty Care Facility

PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

Date: _____

NAME:	_____	_____	_____
	LAST NAME	FIRST NAME	MIDDLE
ADDRESS:	_____	_____	_____
	STREET	CITY	STATE ZIP CODE
PHONE NUMBER: (_____) _____	SOCIAL SECURITY NUMBER: _____ - _____ - _____		
CELL: (_____) _____	REFERRED BY: _____		

EMPLOYMENT DESIRED

POSITION APPLYING FOR: _____	SALARY DESIRED: _____	DATE YOU CAN START: _____
FULL TIME	PART TIME	SHIFT(S) AVAILABLE TO WORK: 1 ST SHIFT 2 ND SHIFT 3 RD SHIFT
*All shifts may include weekend work		
ARE YOU NOW EMPLOYED? YES OR NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES OR NO	
EVER APPLIED TO THIS COMPANY BEFORE? YES OR NO	WHEN? _____	

EDUCATIONAL HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS SCHOOL, OTHER			

ARE YOU LICENSED / CERTIFIED FOR THE JOB YOU ARE APPLYING FOR? YES OR NO

ISSUING STATE: _____ LICENSE/CERTIFICATION NUMBER: _____

HAS YOUR LICENSE EVER BEEN REVOKED &/OR SUSPENDED? YES OR NO IF YES, EXPLAIN: _____

FORMER EMPLOYERS (START WITH LAST JOB FIRST)

DATE MONTH YEAR	Name & Address of Employer & Supervisor's Name	SALARY	POSITION	PHONE NUMBER	REASON FOR LEAVING
FROM _____ TO _____					
FROM _____ TO _____					
FROM _____ TO _____					
FROM _____ TO _____					

REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR)

NAME	ADDRESS	BUSINESS	PHONE NUMBER	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

DATE _____

SIGNATURE _____

